Clear Form

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SEP 14 2017

SUSAN Y. SOONG CLERK, U.S. DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA OAKLAND

## UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA

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Dannis Lawont Knight

10	)	017 5777			
11	Plaintiff,	CASE NO. C17-5332			
12	vs.	APPLICATION TO PROCEED  N. FORMA, PAUDEDIS			
13	D DW	(Non-prisoner cases only)			
14	COLISEUM LEXUS OF OAKLAND )				
15					
16	I, Dennis Levont Knight, declare, under penalty of perjury that I am the plaintiff				
17	in the above entitled case and that the information I offer throughout this application is true and				
18	correct. I offer this application in support of my request to proceed without being required to				
19	prepay the full amount of fees, costs or give security. I state that because of my poverty I am				
20	unable to pay the costs of this action or give security, and that I believe that I am entitled to relie				
21	In support of this application, I provide the following information:				
22	1. Are you presently employed?	Yes No			
23	If your answer is "yes," state both your gross and net salary or wages per month, and give the				
24	name and address of your employer:				
25	Gross: N	et:			
26	Employer:				
27					
28	If the answer is "no," state the date of last emp	ployment and the amount of the gross and net salary			

1	and wages per month which you received.				
2					
3					
4	-				
5	2. Have you received, within the past twelve (12) months, any money from any of the				
6	following sources:				
7		a.	Business, Profession or Yes No		
8			self employment?		
9		Ъ.	Income from stocks, bonds, Yes No		
10			or royalties?		
11		c.	Rent payments? Yes No  Pensions, annuities, or Yes No		
12		d.	Pensions, annuities, or Yes No		
13			life insurance payments?		
14		e.	Federal or State welfare payments, Yes No		
15			Social Security or other govern-		
16			ment source?		
17	If the answer is "yes" to any of the above, describe each source of money and state the amount				
18	receive	ed from	each.		
19					
20					
21	3. Are you married? Yes No				
22	Spouse's Full Name: Eunice Knight				
23	Spouse's Place of Employment:				
24	Spouse's Monthly Salary, Wages or Income:				
25	Gross	\$			
26	4.	a.	List amount you contribute to your spouse's support:\$		
27		b.	List the persons other than your spouse who are dependent upon you for support		
28			and indicate how much you contribute toward their support. (NOTE: For minor		

1	children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)				
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4	5. Do you own or are you buying a home? Yes No				
5	Estimated Market Value: \$ Amount of Mortgage: \$				
6	6. Do you own an automobile? Yes No				
7	Make Year Model				
8	Is it financed? Yes No If so, Total due: \$				
9	Monthly Payment: \$				
10	7. Do you have a bank account? Yes No (Do <u>not</u> include account numbers.)				
11	Name(s) and address(es) of bank:				
12					
13	Present balance(s): \$				
14	Do you own any cash? Yes No Amount: \$				
15	Do you have any other assets? (If "yes," provide a description of each asset and its estimated				
16	market value.) Yes No				
17					
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18	8. What are your monthly expenses?				
	8. What are your monthly expenses?  Rent: \$ Utilities:				
19					
19 20	Rent: \$ Utilities:				
19 20 21	Rent: \$         Ø         Utilities:           Food: \$         Clothing:				
19 20 21 22	Rent: \$ Utilities:  Food: \$ Clothing:  Charge Accounts:				
19 20 21 22 23	Rent: \$ Utilities:  Food: \$ Clothing:  Charge Accounts:  Name of Account Monthly Payment Total Owed on This Account				
19   220   221   222   223   224   3	Rent: \$				
18   19   19   19   19   19   19   19	Rent: \$				
19   220   221   222   223   224   225	Rent: \$				

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2	10. Does the complaint which you are seeking to file raise claims that have been presented in				
3	other lawsuits? Yes No				
4	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in				
5	which they were filed.				
6					
7					
8	I declare under the penalty of perjury that the foregoing is true and correct and understand that a				
9	false statement herein may result in the dismissal of my claims.				
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12	DATE	SIGNATURE OF APPLICANT			
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